

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/787 348** FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1		1	
2		1		1
3		1		1
4	1			
5		1	1	
6	1		1	
7		1		1
8	1		1	
9		1	1	
10	1		1	
11	2		2	
12	2		2	
13	2		2	
14	2		2	
15	1		1	
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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS